

1/24/07

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of

AKIMOTO et al.

Application Number: 10/772,454

Filed: February 6, 2004

For: IMAGE DISPLAY DEVICE

ATTORNEY DOCKET NO. NITT.0183



Unit 2629

Examiner
Kovalick, Vincent E.

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	13	13	(Over 20)	x \$50	0
Independent Claims	3	3	(Over 3)	x \$200	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	0

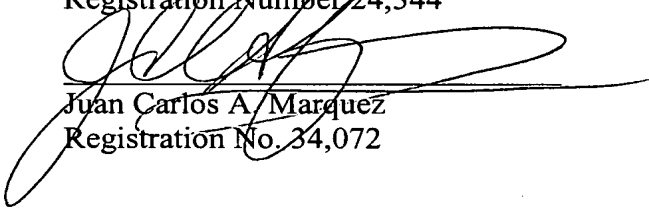
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- | | |
|--|--|
| [x] Response to Office Action
(with Claim Amendments) | [x] Petition for Extension of Time (1 month) |
| [] Substitute Specification | [] Terminal Disclaimer |
| [] Preliminary Amendment | [] ___ sheets of replacement
drawings |
| [] Information Disclosure Statement w/PTO
Form 1449 and references | [] Other _____ |

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$120.00** to cover the 1-month extension fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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